U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION 1 of 2

Operator Project:	Postmark:	Date Received:	Notifica	tion: 1	
I. TYPE OF NOT	IFICATION (O=Original, R=Re	vised): O			
II. FACILITY IN	FORMATION (Identify owner, r	emoval contractor, and other operator)			
OWNER NAME:	MTA – NEW YORK CITY T	RANSIT AUTHORITY			
ADDRESS:	2 BROADWAY				
CITY:	MANHATTAN	STATE: NY	ZIP CODE: 10	004	
CONTACT:	MR. JULIUS CARTY	Pl	HONE: (646) 252-5	799	
REMOVAL CONTR	RACTOR: ETS CONTRACTIN	G, INC.			
ADDRESS: 1	60 CLAY STREET				
CITY:	BROOKLYN	STATE: NY	ZIP CODE: 11	222	
CONTACT:	MR. RICHIE SMITH		PHONE: (7)	8) 706-6300	
OTHER OPERATO	R: NOT APPLICABI	Æ			
ADDRESS:					
CITY:		STATE:	ZIP CODE:		
CONTACT:			PHONE:		
III. TYPE OF OPE	RATION (D=Demo, O=Ordered	I, R=Renovation) O			
IV. IS ASBESTOS	PRESENT? (yes/no) YES				
V. FACILITY DE	SCRIPTION (include building r	name, number, floor and/or room number):			
BLDG. NAME:	LaGUARDIA BUS DEPOT				
ADDRESS:	85-01 24 TH AVENUE				
CITY:	FLUSHING	STATE: NY	COL	JNTY: QUEENS	
SITE LOCATION:	METHANOL BUILDING -	ROOF LEVEL			
BUILDING SIZE	SQ METERS:	SQ FT: 5,400 #OF FLOORS:	1 AGE IN YE	ARS: 58	
PRESENT USE:	BUS DEPOT	PRIOR USE: B	US DEPOT		Valvetar-united
VI. PROCEDURE	, INCLUDING ANALYTICAL	METHOD, IF APPROPRIATE, USED	TO DETECT TO	PRESENCE OF ASBESTOS MATER	IAL:
SAMPLING A	ND ANALYSIS ACCORDING	TO EPA APPROVED METHODS.			
		VED AND NON-FRIABLE ASBESTOS	MATERIAL THA	T WILL NOT BE REMOVED. SPEC	IFY THE
AMOUNT OI	F ASBESTOS BELOW:			Non-friable Asbestos Materials To Be I	Removed:
		RACM To Be F	Removed	Category I	Category II
PIPES – LINEAR FI	EET				
PIPES – LINEAR M	IETERS				
SURFACE AREA –	SQUARE FEET			219 SF	
SURFACE AREA –	SQUARE METERS				
VOLUME RACM C	OFF FACILITY COMPONENT -	CUBIC FEET			
VOLUME RACM O	OFF FACILITY COMPONENT -	CUBIC METERS			
VIII. SCHEDULEI	D DATES ASBESTOS REMOV	AL (MM//DD/YY) START: 9/21/20	016	COMPLETION: 10/31/2016	
IX. SCHEDULED	D DATES DEMO/RENOVATION	ON (MM/DD/YY) START: TBD		COMPLETION: TBD	

X. D	ESCRIPTION OF	PLANNED	DEMOLITION O	R RENOVATION WORK,	AND METHOD(S)	TO BE USED
------	---------------	---------	--------------	--------------------	---------------	------------

THIS ASBESTOS ABATEMENT PROJECT WILL BE DONE IN ACCORDANCE WITH THE APPLICABLE NEW YORK STATE INDUSTRIAL CODE RULE #56 AND NYCTA SYSTEM WIDE VARIANCE # 16-0818.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

ACM HAS BEEN IDENTIFIED AND WILL BE HANDLED ACCORDING TO THE APPLICABLE REGULATIONS AND MTA NYCTA SWV#16-0818.

XII. WASTE TRANSPORTER #1	WASTE TRANSPORTER #2				
NAME: TRI-STATE TRANSFER ASSOC., INC.	NAME: ETS CONTRACTING, INC				
ADDRESS: 1199 RANDALL AVENUE	ADDRESS: 160 CLAY STREET				
CITY: BRONX STATE: NY ZIP CODE: 10474	CITY: BROOKLYN STATE: NY ZIP CODE: 11222				
CONTACT: JIMMY BYRNE PHONE: (718) 617-0771	CONTACT: ANDRZEJ BARNOWSKI PHONE: 718-706-6300				
WASTE TRANSPORTER #3					
NAME:					
ADDRESS:					
CITY: STATE: ZIP CODE:					
CONTACT: PHONE:					
XIII. WASTE DISPOSAL SITE					
NAME: MINERVA ENTERPRISES, INC.					
LOCATION: 9000 MINERVA ROAD					
CITY: WAYNESBURG, OHIO 44688					
PHONE: 330-866-3435					
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEAS	E IDENTIFY THE AGENCY BELOW:				
NAME: NOT APPLICABLE TITLE:					
AUTHORITY:					
DATE OF ORDER (MM/DD/YY): DATE OF	RDERED TO BEGIN (MM/DD/YY):				
XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE					
DATE AND HOUR OF EMERGENCY (MM/DD/YY):					
DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:					
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOBURDEN:	OULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL				
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:					
ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDING TO ALL APPLICABLE REGULATIONS. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR. PART 61, SUBPART M) WILL BE ON-					
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CPR. PART 61, SUBPART M) WILL BE ON- SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS, (Required 1 year after promulgation).					
RICHIE SMITH, ETS CONTRACTING INC. As Representative For The Owner Signature of	9/7/16 Over/Operator Date				
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT					
RICHIE SMITH, ETS CONTRACTING, INC As Representative For The Owner Signature Of	9/7/16 Owner/Operator Date				

LETTER OF TRANSMITTAL

То:							
10:	US-EN		L PROTECTION		Date:	9/7/2016	
:•	290 B	ROADWAY, 21 N 2	ST FLOOR		Re:	MTA – LAGUARDIA BUS DEPOT - 85-01 24 TH AVENUE, FLUSHING, NY – METHANOL BUILDING – ROOF LEVEL	
7	NEW '	YORK, NY 1000)7		ÿ =		
	ATTN:	ROSALIE SBER	NA				
			·		Job#	4727/16	
For	Your:		T	The F	ollowing:		
	Appro	oval					
	Use/I	nformation		3	Samples		
\square	Recor					s/Specifications	
		w/Comment]		t Package	
	Other		<u></u>	Z	Other		
0.	RIG.	DATE		DES	CRIPTION		
	2	9/7/2016	ASBESTOS ABATEMENT PROJECT	NOT	TIFICATION	1	
Acti	on:						
	No Ac Return	Return To Our tion Required ned For Correct					
	See R	emarks					
Rem	arks:						
Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office. CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED ENVELOPE TO OUR OFFICE.							
Cor	oies To <u>:</u>	File					
COF	7103 10 <u>.</u>	THE		Pi	repared By:	Renata D. Buczek	
				S.	ent Via.	Hand Delivered Over Night FedEx	
					U.S. Mail	Trans Delivered Gover Wight reals	

<u>U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION</u> 1 of 2

Operator Project:	Postmark:	Date Received:	Notif	ication: 1	
I. TYPE OF NOTIFICATION (C)=Original, R=Revised):	0			
II. FACILITY INFORMATION	(Identify owner, removal con	tractor, and other operator)			
OWNER NAME: NORTHWELL	HEALTH				
ADDRESS: 600 COMMUNITY D	PRIVE, SUITE 202				
CITY:MANHASSET	STATE: I	NY	ZIP CODE:	11030	
CONTACT: ANGEL LOPEZ			PHONE: (516)	398-9870	
REMOVAL CONTRACTOR: ETS	CONTRACTING, INC.				
ADDRESS: 160 CLAY STR	EET				
CITY: BROOKLYN	STATE:	NY	ZIP CODE:	11222	
CONTACT: ROBERT MIDDLE	ETON		PHONE:	(718) 706-6300	
OTHER OPERATOR: NO	OT APPLICABLE				
ADDRESS:					
CITY:	STATE:	:	ZIP CODE:		
CONTACT:			PHONE:		
III. TYPE OF OPERATION (D=D	Demo, O=Ordered, R=Renov	vation) R			
IV. IS ASBESTOS PRESENT? (yes/no) YES				
V. FACILITY DESCRIPTION (include building name, numb	per, floor and/or room number)	:		
BLDG. NAME: 410 LAKEVILLE	ROAD				
ADDRESS: 410 LAKEVILLE RO	OAD				
CITY: NEW HYDE PARK		STATE: NY		COUNTY: NASSAU	
SITE LOCATION: GROUND FLO	OOR – GARAGE STORE I	ROOMS			
BUILDING SIZE SQ METERS	S: SQ FT: 1	59,564 #OF 1	FLOORS: 4	AGE IN YEARS: 41	
PRESENT USE: HOSPITAL			PRIOR USE: H	OSPITAL	
VI. PROCEDURE, INCLUDING	ANALYTICAL METHOI	D, IF APPROPRIATE, USE	D TO DETECT T	O PRESENCE OF ASBI	STOS MATERIAL:
SAMPLING AND ANALYSIS					
VII. APPROXIMATE OF RACM			S MATERIAL TE	IAT WILL NOT BE RE	MOVED. SPECIFY THE
AMOUNT OF ASBESTOS E					laterials To Be Removed:
		RACM To Be I	Removed	Category I	Category II
PIPES – LINEAR FEET					
PIPES – LINEAR METERS					
SURFACE AREA – SQUARE FEE	Т	450 SF			
SURFACE AREA – SQUARE MET	TERS	-1310			
VOLUME RACM OFF FACILITY	COMPONENT - CUBIC FE	ET			
VOLUME RACM OFF FACILITY	COMPONENT – CUBIC M	ETERS			
VIII. SCHEDULED DATES ASB	ESTOS REMOVAL (MM	4//DD/YY) START: 9/23/2	016	COMPLETION: 9.	/22/2017

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION (continued) 2 of 2

X	DESCRIPTION OF P	LANNED DEMOLITION	OR RENOVATION WORK	AND METHOD(S) TO BE USED.	

REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

ACM HAS BEEN IDENTIFIED AND WILL BE HANDLED ACCORDING TO THE APPLICABLE REGULATIONS.

XII. WASTE TRANSPORTER #1	WASTE TRANSPORTER #2				
NAME: TRI-STATE TRANSFER ASSOC., INC.	NAME:				
ADDRESS: 1199 RANDALL AVENUE	ADDRESS:				
CITY: BRONX STATE: NY ZIP CODE: 10474	CITY: STATE: ZIP CODE:				
CONTACT: JIMMY BYRNE PHONE: (718) 617-0771	CONTACT: PHONE:				
WASTE TRANSPORTER #3					
NAME:					
ADDRESS:					
CITY: STATE: ZIP CODE:					
CONTACT: PHONE:					
XIII. WASTE DISPOSAL SITE					
NAME: MINERVA ENTERPRISES					
LOCATION: 900 MINERVA ROAD					
CITY: WAYNESBURG, OHIO 44688					
PHONE: 330-866-3435					
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE	E IDENTIFY THE AGENCY BELOW:				
NAME: NOT APPLICABLE TITLE:					
AUTHORITY:					
DATE OF ORDER (MM/DD/YY): DATE OF	RDERED TO BEGIN (MM/DD/YY):				
XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE					
DATE AND HOUR OF EMERGENCY (MM/DD/YY):					
DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:					
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOBURDEN:	OULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL				
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER: ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDING TO ALL APPLICABLE REGULATIONS.					
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR. PART 61, SUBPART M) WILL BE ON- SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation). ROBERT MIDDLETON, ETS CONTRACTING INC					
As Representative For The Owner Signature of Owner/Op	perator Date				
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.					
ROBERT MIDDLETON, ETS CONTRACTING, INC As Representative For The Owner Signature Of Owner/O	9/9/2016 perator Date				

LETTER OF TRANSMITTAL

To:	US-ENVIRONMENTAL PROTECTION AGENCY 290 BROADWAY, 21 ST FLOOR REGION 2 NEW YORK, NY 10007 ATTN: ROSALIE SBERNA				Date: Re: Job #	9/9/2016 410 LAKEVILLE ROAD, NEW HYDE PARK, NY – GROUND FLOOR – GARAGE STORE ROOMS 4728/16		
For	Your:			The I	Following:			
	 □ Approval □ Use/Information □ Record □ Review/Comment 				Drawings/Specifications Close-Out Package			
0.	RIG.	DATE			SCRIPTION			
	2	9/9/2016	ASBESTOS ABATEMENT	Γ PROJECT NO	TIFICATION	N		
Acti	□ No Action Required□ Returned For Corrections							
Rem	arks:							
Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office. CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED ENVELOPE TO OUR OFFICE.								
Cop	oies To <u>:</u>	<u>File</u>		Γ,	Dunnara J D	Panata D. Priorali		
				5		Renata D. Buczek ☐ Hand Delivered ☐ Over Night FedEx		



September 8, 2016

US, EPA – AC Branch Notifications Department Region 2, 290 Broadway New York, NY 10007

Re:

Asbestos Abatement Project Notification – Amendment #1 800 Third Avenue, New York, NY – Ground Floor

Dear Sir/Madam:

Please be advised that the above referenced asbestos project notification has been placed on hold. We will notify your department of new start date when it becomes available.

HOLD

All other information remains the same. Should you have any questions please do not hesitate to call.

Sincerely

ETS Contracting, Inc.

Renata D. Buczek

i:4715'not

U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION

1 of 2

Operator Project:	Postmark:	Date	e Received:	Notif	ication: 1		
I. TYPE OF NOTIFICA	ATION (O=Original, R=Revise	ed): O					
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: SHORE	ENSTEIN REALTY SERVIC	ES					
ADDRESS: 800 THIRD	AVENUE						
CITY: NEW YORK	Si	TATE: NY		ZIP CODE:	10022		
CONTACT: MR. NICHO	OLAS STEIXNER				PHONE: (212) 888-0935		
REMOVAL CONTRACTO	OR: ETS CONTRACTING, I	NC.					
ADDRESS: 160 CI	LAY STREET						
CITY: BROC	OKLYN ST	ATE: NY		ZIP CODE:	11222		
CONTACT: ROBERT	MIDDLETON			PHONE:	(718) 706-6300		
OTHER OPERATOR:	NOT APPLICABLE						
ADDRESS:							
CITY:	S	STATE:		ZIP CODE:			
CONTACT:				PHONE:			
III. TYPE OF OPERATI	III. TYPE OF OPERATION (D=Demo, O=Ordered, R=Renovation) R						
IV. IS ASBESTOS PRES	SENT? (yes/no) YES					·	
V. FACILITY DESCRI	PTION (include building name	e, number, floor and	d/or room numbe	r):			
BLDG. NAME: 800 THIR	RD AVENUE						
ADDRESS: 800 THIRD A	VENUE						
CITY: NEW YORK	S	TATE: NY		COUNTY: MA	NHATTAN		
SITE LOCATION: GROU	ND FLOOR LOADING DO	CK					
BUILDING SIZE SQ	METERS: SO	Q FT: 624,240		#OF FLOORS: 41	AGE IN YEARS:43		
PRESENT USE: COMM	ERICAL			PRIOR USE: CO	MMERICAL		
VI. PROCEDURE, INC	LUDING ANALYTICAL MI	ETHOD, IF APPR	OPRIATE, US	ED TO DETECT T	O PRESENCE OF ASBESTOS MA	ATERIAL:	
SAMPLING AND AN	NALYSIS ACCORDING TO	EPA APPROVEI	METHODS.				
VII. APPROXIMATE O	F RACM TO BE REMOVED	AND NON-FRIA	ABLE ASBEST	OS MATERIAL TI	HAT WILL NOT BE REMOVED.	SPECIFY THE	
AMOUNT OF ASB	ESTOS BELOW:				Non-friable Asbestos Materials T	o Be Removed:	
			RACM To B	e Removed	Category I	Category II	
PIPES – LINEAR FEET							
PIPES – LINEAR METER	S						
SURFACE AREA – SQUA	ARE FEET		48 SF				
SURFACE AREA – SQUA	ARE METERS						
VOLUME RACM OFF FA	CILITY COMPONENT - CUI	BIC FEET			A STATE OF THE STA		
VOLUME RACM OFF FA	VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS						
VIII. SCHEDULED DAT	ES ASBESTOS REMOVAL	(MM//DD/YY)	START: 9/10/2	016 CO	MPLETION: 9/09/2017		
IX. SCHEDULED DAT	ES DEMO/RENOVATION	(MM/DD/YY)	START:	C	OMPLETION:		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

ACM HAS BEEN IDENTIFIED AND WILL BE HANDLED ACCORDING TO THE APPLICABLE REGULATIONS.

XII. WASTE TRANSPORTER #1	WASTE TRANSPORTER #2				
NAME: TRI-STATE TRANSFER ASSOC., INC.	NAME:				
ADDRESS: 1199 RANDALL AVENUE	ADDRESS:				
CITY: BRONX STATE: NY ZIP CODE: 10474	CITY: STATE: ZIP CODE:				
CONTACT: JIMMY BYRNE PHONE: (718) 617-0771	CONTACT: PHONE:				
WASTE TRANSPORTER #3	,				
NAME:					
ADDRESS:					
CITY: STATE: ZIP CODE:					
CONTACT: PHONE:					
XIII. WASTE DISPOSAL SITE/					
NAME: MINERVA ENTER., INC.					
LOCATION: 9000 MINERVA ROAD,					
CITY: WAYNESBURG, OHIO 46688					
PHONE: 330-866-3435					
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE	DENTIFY THE AGENCY BELOW:				
NAME: NOT APPLICABLE TITLE:					
AUTHORITY:					
DATE OF ORDER (MM/DD/YY): DATE OR	DERED TO BEGIN (MM/DD/YY):				
XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE					
DATE AND HOUR OF EMERGENCY (MM/DD/YY):					
DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:					
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WO	ULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL				
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:					
ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDI					
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR. PART 61, SUBPART M) WILL BE ON- SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).					
ROBERT MIDDLETON, ETS CONTRACTING INC. As Representative For The Owner Signature of O	8/22/16 Date				
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.					
ROBERT MIDDLETON, ETS CONTRACTING, INC As Representative For The Owner Signature Of C	8/22/16				
'					

ETS Contracting, Inc. 160 Clay Street, Brooklyn, NY 11222 Tel. (718) 706-6300; Fax (718) 706-1032

<i>LETTER</i>	OF	TRAI	VSN	AITTI	4L

			ин тик ст	110	I II VOIVII.	11117		
То:	US-ENVIRONMENTAL PROTECTION AGENCY				Date:	8/22/2016		
		ROADWAY, 21	ST FLOOR		Re:	800 THIRD AVENUE, NEW YORK, NY – GROUND FLOOR LOADING DOCK		
	NEW '	YORK, NY 1000	07		٠.			
	ATTN:	ROSALIE SBER	NA		Job # -	4715/16		
For	Your:		7	The Fo	ollowing:			
	Approval Use/Information Record Review/Comment					les ings/Specifications -Out Package		
O	RIG.	DATE		DESC	CRIPTION			
	2	8/22/2016	ASBESTOS ABATEMENT PROJECT	NOT	TFICATION	1		
Acti								
	Returned For Corrections							
Rem	arks:					*		
Enclosed is the above referenced notification. Should you have any questions, please feel free to contact our office. CAN YOU PLEASE SIGN AND RETURN RECEIVED COPY WITH ATTACHED SELF ADDRESSED AND STAMPED ENVELOPE TO OUR OFFICE.								
Con	ies To <u>:</u>	File				*		
СОР	100 10 <u>.</u>	1110		Pro	epared By:	Renata D. Buczek		
				Sei		Hand Delivered Over Night FedEx		
				-				